

Fill in this information to identify the case

Debtor name	<u>Hiltz Waste Disposal, Inc.</u>
United States Bankruptcy Court for the:	<u>DISTRICT OF MASSACHUSETTS</u>
Case number (if known)	<u>16-13459</u>

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets -- Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$3,295.44

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. <u>Savings account</u>	<u>Savings account</u>	<u>0 9 5 8</u>	<u>\$104,683.18</u>
3.2. <u>Checking account</u>	<u>Checking account</u>	<u>9 4 3 0</u>	<u>\$63,111.22</u>
3.3. <u>Checking account</u>	<u>Checking account</u>	<u>9 6 0 0</u>	<u>\$1,722.32</u>

4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$172,812.16

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.
 Yes. Fill in the information below.

Debtor Hiltz Waste Disposal, Inc. Case number (if known) 16-13459
Name

	Current value of debtor's interest
7. Deposits, including security deposits and utility deposits	
Description, including name of holder of deposit	
8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent	
Description, including name of holder of prepayment	
9. Total of Part 2.	<u>\$0.00</u>
Add lines 7 through 8. Copy the total to line 81.	

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.
 Yes. Fill in the information below.

11. Accounts receivable

11a. 90 days old or less:	<u>\$702,201.24</u>	-	<u>\$0.00</u>	= ➔	<u>\$702,201.24</u>
	face amount		doubtful or uncollectible accounts		
11b. Over 90 days old:	<u>\$31,091.13</u>	-	<u>\$20,000.00</u>	= ➔	<u>\$11,091.13</u>
	face amount		doubtful or uncollectible accounts		

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.
 Yes. Fill in the information below.

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: % of ownership

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.
 Yes. Fill in the information below.

Debtor	<u>Hiltz Waste Disposal, Inc.</u> Name		Case number (if known)	<u>16-13459</u>
	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value
19.	Raw materials	MM/DD/YYYY		Current value of debtor's interest
20.	Work in progress			
21.	Finished goods, including goods held for resale			
22.	Other inventory or supplies			
23.	Total of Part 5			
	Add lines 19 through 22. Copy the total to line 84.			
24.	Is any of the property listed in Part 5 perishable?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
25.	Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
26.	Has any of the property listed in Part 5 been appraised by a professional within the last year?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals Examples: Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6.			
	Add lines 28 through 32. Copy the total to line 85.		

34. Is the debtor a member of an agricultural cooperative?

No
 Yes. Is any of the debtor's property stored at the cooperative?
 No
 Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____
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36. Is a depreciation schedule available for any of the property listed in Part 6?

No
 Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

No
 Yes

Debtor Hiltz Waste Disposal, Inc. Name _____ Case number (if known) 16-13459 _____

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. Office furniture

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

<u>Office furniture and equipment</u>	<u>\$4,020.00</u>	<u>FMV</u>	<u>\$1,000.00</u>
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42. Collectibles *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$1,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

No
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

No
 Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

<u>Trucks, motor vehicles and dumpsters</u>	<u>\$3,827,794.00</u>	<u>Appraisal</u>	<u>\$2,500,000.00</u>
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48. Watercraft, trailers, motors, and related accessories *Examples:* Boats trailers, motors, floating homes, personal watercraft, and fishing vessels

49. Aircraft and accessories

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

<u>Leasehold improvements</u>	<u>\$117,040.00</u>	<u></u>	<u>\$0.00</u>
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51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$2,500,000.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No
 Yes

Debtor Hiltz Waste Disposal, Inc. _____ Case number (if known) 16-13459 _____

Part 9: Real property

54. Does the debtor own or lease any real property?

No. Go to Part 10.
 Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

No
 Yes

Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No
 Yes

Debtor Hiltz Waste Disposal, Inc. _____ Case number (if known) 16-13459 _____

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.

Yes. Fill in the information below.

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

Life Policy: V2400372

Basic Face \$500,000

Surrender Value \$11,054.27

Current value of
debtor's interest

(\$11,053.27)

74. Causes of action against third parties (whether or not a lawsuit has been filed)

**75. Other contingent and unliquidated claims or causes of action of every nature,
including counterclaims of the debtor and rights to set off claims**

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed Examples: Season tickets, country club membership

Loan receivable from Kondelin Road LLC

\$44,330.97

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$33,277.70

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

No

Yes

Debtor Hiltz Waste Disposal, Inc. _____ Case number (if known) 16-13459 _____
Name _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$172,812.16</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$713,292.37</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$1,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$2,500,000.00</u>	
88. Real property. <i>Copy line 56, Part 9.</i> →		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+ \$33,277.70</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$3,420,382.23</u>	91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		<u>\$3,420,382.23</u>

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United States Bankruptcy Court for the:	<u>DISTRICT OF MASSACHUSETTS</u>
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Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	Creditor's name <u>Cape Ann Savings Bank</u>	Describe debtor's property that is subject to a lien <u>Motor vehicle</u>	<u>\$80,467.80</u> <u>\$0.00</u>
	Creditor's mailing address <u>109 Main Street</u>	Describe the lien <u>Purchase Money / Statutory Lien</u>	
		Is the creditor an insider or related party? <u>Gloucester MA 01930</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Creditor's email address, if known	Is anyone else liable on this claim?	
	Date debt was incurred <u>10/21/2015</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
	Last 4 digits of account number <u>0 2 2 8</u>	As of the petition filing date, the claim is: Check all that apply.	
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$2,674,391.52

Debtor

Hiltz Waste Disposal, Inc.

Case number (if known) 16-13459

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		<i>Column A</i> Amount of claim Do not deduct the value of collateral.	<i>Column B</i> Value of collateral that supports this claim
2.2	Creditor's name <u>Cape Ann Savings Bank</u>	Describe debtor's property that is subject to a lien <u>Truck</u>	<u>\$163,554.60</u> <u>\$0.00</u>
	Creditor's mailing address <u>109 Main Street</u>	Describe the lien <u>Purchase Money / Statutory Lien</u>	
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date debt was incurred <u>04/21/2015</u>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
	Last 4 digits of account number <u>0 2 1 0</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		
2.3	Creditor's name <u>Cape Ann Savings Bank</u>	Describe debtor's property that is subject to a lien <u>Truck</u>	<u>\$200,147.14</u> <u>\$0.00</u>
	Creditor's mailing address <u>109 Main Street</u>	Describe the lien <u>Purchase Money / Statutory Lien</u>	
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date debt was incurred <u>07/15/2014</u>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
	Last 4 digits of account number <u>0 1 9 0</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		

Debtor

Hiltz Waste Disposal, Inc.

Case number (if known) 16-13459

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

	<i>Column A</i> Creditor's name	<i>Column B</i> Amount of claim Do not deduct the value of collateral.	<i>Column B</i> Value of collateral that supports this claim
2.4	<u>Cape Ann Savings Bank</u>	<u>Describe debtor's property that is subject to a lien</u> <u>Truck</u>	<u>\$180,310.30</u> <u>\$0.00</u>
	<u>Creditor's mailing address</u> <u>109 Main Street</u>	<u>Describe the lien</u> <u>Purchase Money / Statutory Lien</u>	
		<u>Is the creditor an insider or related party?</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<u>Gloucester MA 01930</u>		
	<u>Creditor's email address, if known</u>	<u>Is anyone else liable on this claim?</u>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
	<u>Date debt was incurred</u> <u>09/17/2014</u>	<u>As of the petition filing date, the claim is:</u> Check all that apply.	
	<u>Last 4 digits of account number</u> <u>0 1 9 2</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<u>Do multiple creditors have an interest in the same property?</u>	<input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	
		<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	
2.5	<u>First Ipswich Bank</u>	<u>Describe debtor's property that is subject to a lien</u> <u>All Asset Security Interest</u>	<u>\$29,596.32</u> <u>\$0.00</u>
	<u>Creditor's mailing address</u> <u>31 Market Street</u>	<u>Describe the lien</u> <u>Purchase Money / Statutory Lien</u>	
		<u>Is the creditor an insider or related party?</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<u>Ipswich MA 01938</u>		
	<u>Creditor's email address, if known</u>	<u>Is anyone else liable on this claim?</u>	
		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
	<u>Date debt was incurred</u> <u>09/03/2015</u>	<u>As of the petition filing date, the claim is:</u> Check all that apply.	
	<u>Last 4 digits of account number</u> <u>4 1 0 0</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<u>Do multiple creditors have an interest in the same property?</u>	<input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	
		<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	

Debtor Hiltz Waste Disposal, Inc. Case number (if known) 16-13459

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		<i>Column A</i> Amount of claim Do not deduct the value of collateral.	<i>Column B</i> Value of collateral that supports this claim
2.6	<p>Creditor's name <u>First Ipswich Bank</u></p> <p>Creditor's mailing address <u>31 Market Street</u></p> <p><u>Ipswich MA 01938</u></p> <p>Creditor's email address, if known</p> <p>Date debt was incurred <u>12/22/2015</u></p> <p>Last 4 digits of account number <u>4 6 2 0</u></p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien All Asset Security Interest</p> <p>Describe the lien Purchase Money / Statutory Lien</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$13,766.45</p> <p>\$0.00</p>
2.7	<p>Creditor's name <u>First Ipswich Bank</u></p> <p>Creditor's mailing address <u>31 Market Street</u></p> <p><u>Ipswich MA 01938</u></p> <p>Creditor's email address, if known</p> <p>Date debt was incurred <u>08/21/2015</u></p> <p>Last 4 digits of account number <u>3 7 7 0</u></p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien All Asset Security Interest</p> <p>Describe the lien Purchase Money / Statutory Lien</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$58,221.13</p> <p>\$0.00</p>

Debtor Hiltz Waste Disposal, Inc. Case number (if known) 16-13459

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.8	Creditor's name	Describe debtor's property that is subject to a lien	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
	<u>First Ipswich Bank</u>	<u>All Asset Security Interest</u>	<u>\$1,948,327.78</u>	<u>\$0.00</u>
	<u>Creditor's mailing address</u> <u>31 Market Street</u>	<u>Describe the lien</u> <u>Purchase Money / Statutory Lien</u>		
	<u>Ipswich MA 01938</u>	<u>Is the creditor an insider or related party?</u>		
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<u>Creditor's email address, if known</u>	<u>Is anyone else liable on this claim?</u>		
		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<u>Date debt was incurred</u> <u>08/01/2014</u>	<u>As of the petition filing date, the claim is:</u> Check all that apply.		
	<u>Last 4 digits of account number</u> <u>2 5 3 0</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<u>Do multiple creditors have an interest in the same property?</u>	<input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		

Fill in this information to identify the case:

Debtor	<u>Hiltz Waste Disposal, Inc.</u>
United States Bankruptcy Court for the:	<u>DISTRICT OF MASSACHUSETTS</u>
Case number (if known)	<u>16-13459</u>

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <u>Charles Tullercash</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,653.88</u> <u>\$1,653.88</u>
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: <u>Wages</u>	
	Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)		
2.2	Priority creditor's name and mailing address <u>Christopher Rollins</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,141.50</u> <u>\$1,141.50</u>
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: <u>Wages</u>	
	Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)		

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total claim	Priority amount
2.3	Priority creditor's name and mailing address <u>Cornelius Madigan</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: <u>Wages</u>	
	Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)		
2.4	Priority creditor's name and mailing address <u>Daniel Kolodzik</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: <u>Wages</u>	
	Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)		
2.5	Priority creditor's name and mailing address <u>Deborah Hiltz</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: <u>Wages</u>	
	Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)		

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Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total claim	Priority amount
2.6 Priority creditor's name and mailing address <u>Faye Quinlan</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,265.88</u>	<u>\$1,265.88</u>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: <u>Wages</u>		
Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset?		
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)			
2.7 Priority creditor's name and mailing address <u>Gary Grimes</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,950.00</u>	<u>\$1,950.00</u>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: <u>Wages</u>		
Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset?		
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)			
2.8 Priority creditor's name and mailing address <u>Gary Hiltz</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,240.00</u>	<u>\$2,240.00</u>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: <u>Wages</u>		
Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset?		
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)			

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Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total claim	Priority amount
2.9	Priority creditor's name and mailing address <u>Gary Hutchins</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,998.34</u> <u>\$1,998.34</u>
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: <u>Wages</u>	
	Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)		
2.10	Priority creditor's name and mailing address <u>Gilbert Holmes</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,275.44</u> <u>\$2,275.44</u>
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: <u>Wages</u>	
	Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)		
2.11	Priority creditor's name and mailing address <u>Internal Revenue Service</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$4,123.32</u> <u>\$4,123.32</u>
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: <u>941 Taxes</u>	
	Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)		

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Total claim Priority amount

2.12 Priority creditor's name and mailing address James Gallant As of the petition filing date, the claim is: *Check all that apply.* \$2,055.71 \$2,055.71

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

Wages

Date or dates debt was incurred

8/28/2016-9/7/2016

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)

Is the claim subject to offset?

- No
- Yes

2.13 Priority creditor's name and mailing address Jeffrey Stuart As of the petition filing date, the claim is: *Check all that apply.* \$2,375.83 \$2,375.83

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

Wages

Date or dates debt was incurred

8/28/2016-9/7/2016

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)

Is the claim subject to offset?

- No
- Yes

2.14 Priority creditor's name and mailing address John Curtis As of the petition filing date, the claim is: *Check all that apply.* \$2,115.80 \$2,115.80

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

Wages

Date or dates debt was incurred

8/28/2016-9/7/2016

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)

Is the claim subject to offset?

- No
- Yes

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total claim	Priority amount
2.15 Priority creditor's name and mailing address <u>John D. Lowe, III</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,211.00</u>	<u>\$2,211.00</u>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: <u>Wages</u>		
Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset?		
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)			
2.16 Priority creditor's name and mailing address <u>John Favazza</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$480.00</u>	<u>\$480.00</u>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: <u>Wages</u>		
Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset?		
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)			
2.17 Priority creditor's name and mailing address <u>John Tognazzi</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,532.80</u>	<u>\$2,532.80</u>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: <u>Wages</u>		
Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset?		
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)			

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total claim	Priority amount
2.18 Priority creditor's name and mailing address <u>Karen Souza</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,088.00</u>	<u>\$1,088.00</u>
Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Basis for the claim: <u>Wages</u>		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)			
2.19 Priority creditor's name and mailing address <u>Kevin Day</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,787.56</u>	<u>\$1,787.56</u>
Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Basis for the claim: <u>Wages</u>		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)			
2.20 Priority creditor's name and mailing address <u>Loran Curtis</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,959.00</u>	<u>\$1,959.00</u>
Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Basis for the claim: <u>Wages</u>		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)			

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total claim	Priority amount
2.21	Priority creditor's name and mailing address <u>Maria Favazza</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$160.00</u> <u>\$160.00</u>
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: <u>Wages</u>	
	Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)		
2.22	Priority creditor's name and mailing address <u>Michael Goodhue</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,023.64</u> <u>\$2,023.64</u>
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: <u>Wages</u>	
	Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)		
2.23	Priority creditor's name and mailing address <u>Michael Pocaro</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,395.00</u> <u>\$1,395.00</u>
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: <u>Wages</u>	
	Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)		

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total claim	Priority amount
2.24 Priority creditor's name and mailing address <u>Michael Smith</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,984.00</u>	<u>\$1,984.00</u>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: <u>Wages</u>		
Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset?		
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)			
2.25 Priority creditor's name and mailing address <u>Michelle Tognazzi</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,600.00</u>	<u>\$1,600.00</u>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: <u>Wages</u>		
Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset?		
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)			
2.26 Priority creditor's name and mailing address <u>Paul Matta</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,638.00</u>	<u>\$1,638.00</u>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: <u>Wages</u>		
Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset?		
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)			

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total claim	Priority amount
2.27 Priority creditor's name and mailing address <u>Philip Akerely</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$360.00</u>	<u>\$360.00</u>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: <u>Wages</u>		
Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset?		
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)			
2.28 Priority creditor's name and mailing address <u>Philip Balzarini</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,004.80</u>	<u>\$2,004.80</u>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: <u>Wages</u>		
Date or dates debt was incurred <u>8/28-2016-9/7/2016</u>	Is the claim subject to offset?		
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)			
2.29 Priority creditor's name and mailing address <u>Ronald Barkowski</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,992.70</u>	<u>\$1,992.70</u>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: <u>Wages</u>		
Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset?		
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)			

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total claim	Priority amount
2.30	Priority creditor's name and mailing address <u>Wayne Madruga</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,872.98</u> <u>\$1,872.98</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Wages</u>	
	Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)		
2.31	Priority creditor's name and mailing address <u>William Chalmers</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,317.50</u> <u>\$1,317.50</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Wages</u>	
	Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)		
2.32	Priority creditor's name and mailing address <u>William Hart</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,497.67</u> <u>\$1,497.67</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Wages</u>	
	Date or dates debt was incurred <u>8/28/2016-9/7/2016</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)		

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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<p>3.1 Nonpriority creditor's name and mailing address</p> <p><u>A/J Equipment Repair, Inc.</u> <u>490 Centre Ave</u></p> <p><u>Abington</u> <u>MA</u> <u>02351</u></p> <p>Date or dates debt was incurred <u>08/03/2016</u></p> <p>Last 4 digits of account number <u>_____</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
\$9,660.21	
<p>3.2 Nonpriority creditor's name and mailing address</p> <p><u>Acadia Insurance Company</u> <u>P.O. Box 789680</u></p> <p><u>Philadelphia</u> <u>PA</u> <u>19178-9680</u></p> <p>Date or dates debt was incurred <u>07/06/2016</u></p> <p>Last 4 digits of account number <u>_____</u></p>	
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
\$65,218.00	
<p>3.3 Nonpriority creditor's name and mailing address</p> <p><u>AFCO</u> <u>P.O. Box 360572</u></p> <p><u>Pittsburgh</u> <u>PA</u> <u>15250</u></p> <p>Date or dates debt was incurred <u>08/12/2016</u></p> <p>Last 4 digits of account number <u>_____</u></p>	
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
\$33,983.92	
<p>3.4 Nonpriority creditor's name and mailing address</p> <p><u>Allied Waste Services, Inc.</u> <u>Peabody Wood</u> <u>300 Forest Street</u></p> <p><u>Peabody</u> <u>MA</u> <u>01960</u></p> <p>Date or dates debt was incurred <u>05/31/2016</u></p> <p>Last 4 digits of account number <u>_____</u></p>	
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
\$308,707.79	

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Amount of claim

3.5	Nonpriority creditor's name and mailing address American Express P.O. Box 1270	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Newark NJ 07101	Basis for the claim: <u>Goods and Services</u>	
	Date or dates debt was incurred 08/11/2016	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.6	Nonpriority creditor's name and mailing address Atlantic Recycling Equipment P.O. Box 609	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$16,305.13
	Rollinsford NH 03869	Basis for the claim: <u>Goods and Services</u>	
	Date or dates debt was incurred 01/12/2016	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.7	Nonpriority creditor's name and mailing address Brick Ends Farm P.O. Box 2327	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,734.70
	So. Hamilton MA 01982	Basis for the claim: <u>Goods and Services</u>	
	Date or dates debt was incurred 05/31/2016	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.8	Nonpriority creditor's name and mailing address BRL-Labs P.O. Box 57	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,966.50
	Topsfield MA 01983-1117	Basis for the claim: <u>Goods and Services</u>	
	Date or dates debt was incurred 05/02/2016	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

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Amount of claim

<p>3.9 Nonpriority creditor's name and mailing address</p> <p><u>Camerota Truck Parts</u> <u>24 Shaker Road</u> <u>Enfield CT 06083</u></p> <p>Date or dates debt was incurred <u>06/21/2016</u></p> <p>Last 4 digits of account number <u>-----</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>\$13,985.07</p> <p>\$18.34</p> <p>\$360.00</p> <p>\$53,677.60</p>	

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Amount of claim

3.13	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
<u>Casella Waste Systems</u> <u>P.O. Box 1372</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$9,109.29</u>
<hr/>		Basis for the claim:	
<u>Williston</u> <u>VT</u> <u>05495</u>		<u>Goods and Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
<u>03/01/2016</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		<hr/>	
3.14	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$35,747.85</u>
<u>Charles George Companies Inc.</u> <u>P.O. Box 857</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<hr/>
<hr/>		Basis for the claim:	
<u>Londonderry</u> <u>NH</u> <u>03053</u>		<u>Goods and Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
<u>08/15/2016</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		<hr/>	
3.15	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$325.00</u>
<u>Charles Pratt</u> <u>C/O Law Office of James Digiulio</u> <u>Lakeside Office Park-Ste 7 2nd Flr</u> <u>599 North Ave</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<hr/>
<u>Wakefield</u> <u>MA</u> <u>01880</u>		Basis for the claim:	
Date or dates debt was incurred		Is the claim subject to offset?	
<u>07/01/2016</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		<hr/>	
3.16	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$794.69</u>
<u>Cintas First Aid & Safety</u> <u>P.O. Box 740855</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<hr/>
<hr/>		Basis for the claim:	
<u>Cincinnati</u> <u>OH</u> <u>45274-0855</u>		<u>Goods and Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
<u>07/15/2016</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		<hr/>	

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Amount of claim

3.17	Nonpriority creditor's name and mailing address <u>City of Gloucester-Water Dept</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$103.82
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		Goods and Services	
Date or dates debt was incurred <u>08/29/2016</u>		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.18	Nonpriority creditor's name and mailing address <u>CN Wood Co., Inc.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$12,470.97
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		Goods and Services	
Woburn <u>MA 01801</u>		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.19	Nonpriority creditor's name and mailing address <u>Comcast</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$462.43
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		Goods and Services	
Newark <u>NJ 07101-1577</u>		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address <u>Covanta Energy, LLC</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$125,678.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		Goods and Services	
New York <u>NY 10087</u>		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

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Amount of claim

3.21	Nonpriority creditor's name and mailing address Crystal Rock Bottled Water P.O. Box 10028	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$225.86
	Waterbury CT 06725-0028	Basis for the claim: <u>Goods and Services</u>	
	Date or dates debt was incurred 07/31/2016	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.22	Nonpriority creditor's name and mailing address Dennison Lubricants 111 Rhode Island Road	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,491.70
	Lakeville MA 02347	Basis for the claim: <u>Goods and Services</u>	
	Date or dates debt was incurred 07/14/2016	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.23	Nonpriority creditor's name and mailing address Diesel Equipment P.O. Box 670 155 Batchelder Rd	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,236.34
	Seabrook NH 03874	Basis for the claim: <u>Goods and Services</u>	
	Date or dates debt was incurred 04/07/2016	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.24	Nonpriority creditor's name and mailing address EL Harvey & Sons, Inc. 68 Hopkinton Road, Route 135	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,684.68
	Westboro MA 01581-2126	Basis for the claim: <u>Goods and Services</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

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		Amount of claim	
3.25	Nonpriority creditor's name and mailing address <u>Electronic Recyclers</u> <u>P.O. Box 2656</u> <u>Fresno</u> <u>CA</u> <u>93745</u>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$5,999.30
3.26	Nonpriority creditor's name and mailing address <u>Environmental Resources Return</u> <u>30 Century Hill Dr, Ste 101</u> <u>Latham</u> <u>NY</u> <u>12110</u>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$30,572.28
3.27	Nonpriority creditor's name and mailing address <u>First Ipswich Bank</u> <u>31 Market Street</u> <u>Ipswich</u> <u>MA</u> <u>01938</u>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Refinance Debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$905,654.34
3.28	Nonpriority creditor's name and mailing address <u>Fleet Pride</u> <u>P.O. Box 281811</u> <u>Atlanta</u> <u>GA</u> <u>30384-1811</u>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$4,526.61

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Amount of claim

<div style="border: 1px solid black; padding: 2px;">3.29</div>	Nonpriority creditor's name and mailing address <u>GJ Towing</u> <u>22 Whitin Ave Ext</u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim <u>\$2,057.65</u>
Revere <u>MA</u> <u>02151</u> Date or dates debt was incurred <u>07/01/2016</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>		Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<div style="border: 1px solid black; padding: 2px;">3.30</div> Nonpriority creditor's name and mailing address <u>Interstate Refrigerant Recovery, Inc.</u> <u>P.O. Box 517</u> <u> </u> <u> </u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Foxborough <u>MA</u> <u>02035</u> Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>		Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<div style="border: 1px solid black; padding: 2px;">3.31</div> Nonpriority creditor's name and mailing address <u>Jack Young Company, Inc.</u> <u>P.O. Box 1090</u> <u> </u> <u> </u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Bradford <u>CT</u> <u>06405-8090</u> Date or dates debt was incurred <u>05/31/2016</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>		Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<div style="border: 1px solid black; padding: 2px;">3.32</div> Nonpriority creditor's name and mailing address <u>Kenworth of Boston</u> <u>100 Commerce Drive</u> <u> </u> <u> </u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Lackawana <u>NY</u> <u>14218</u> Date or dates debt was incurred <u>05/04/2016</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>		Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

<p>3.33 Nonpriority creditor's name and mailing address</p> <p><u>Lawson Products</u> <u>P.O. Box 809401</u></p> <p><u>Chicago</u> <u>IL</u> <u>60680-9401</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
\$603.51 \$181.85 \$2,174.38 \$21,610.74	

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Amount of claim

<div style="border: 1px solid black; padding: 2px;">3.37</div> Nonpriority creditor's name and mailing address <u>Metlife SBC</u> <u>P.O. Box 804466</u> <hr/> <u>Kansas City</u> <u>MO</u> <u>64180-4466</u> <hr/> <u>Date or dates debt was incurred</u> <u>06/13/2016</u> <hr/> <u>Last 4 digits of account number</u> <u>-----</u>	<p>As of the petition filing date, the claim is: <u>Check all that apply.</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.38 Nonpriority creditor's name and mailing address	
<u>Mettler Toledo</u> <u>22670 Network Place</u> <hr/> <u>Chicago</u> <u>IL</u> <u>60673-1226</u> <hr/> <u>Date or dates debt was incurred</u> <u>04/27/2016</u> <hr/> <u>Last 4 digits of account number</u> <u>-----</u>	
<p>As of the petition filing date, the claim is: <u>Check all that apply.</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.39 Nonpriority creditor's name and mailing address	
<u>Miles River Sand & Gravel</u> <u>64 Paradise Road</u> <hr/> <u>Ipswich</u> <u>MA</u> <u>01938</u> <hr/> <u>Date or dates debt was incurred</u> <u>06/22/2016</u> <hr/> <u>Last 4 digits of account number</u> <u>-----</u>	
<p>As of the petition filing date, the claim is: <u>Check all that apply.</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.40 Nonpriority creditor's name and mailing address	
<u>Montrose Machine Inc.</u> <u>87A New Salem Street</u> <u>Unit 2B</u> <hr/> <u>Wakefield</u> <u>MA</u> <u>01880</u> <hr/> <u>Date or dates debt was incurred</u> <u>12/18/2015</u> <hr/> <u>Last 4 digits of account number</u> <u>-----</u>	
<p>As of the petition filing date, the claim is: <u>Check all that apply.</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	

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Amount of claim

3.41	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
<u>National Grid</u> <u>P.O. Box 11737</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$10,245.50</u>
<u>Newark</u> <u>NJ</u> <u>07101</u>		Basis for the claim: <u>Goods and Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
<u>05/05/2016</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.42	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
<u>Neighborhood Health Plan</u> <u>P.O. Box 4106</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$50,848.73</u>
<u>Woburn</u> <u>MA</u> <u>01888</u>		Basis for the claim: <u>Goods and Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
<u>07/18/2016</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.43	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
<u>New England Hydraulic Service</u> <u>21-B Sixth Road</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,418.19</u>
<u>Woburn</u> <u>MA</u> <u>01801</u>		Basis for the claim: <u>Goods and Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
<u>07/12/2016</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.44	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
<u>New England Solid Waste, Inc.</u> <u>110 Boxford Road</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$492.35</u>
<u>Rowley</u> <u>MA</u> <u>01969</u>		Basis for the claim: <u>Goods and Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor Hiltz Waste Disposal, Inc. Case number (if known) 16-13459

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.45	Nonpriority creditor's name and mailing address <u>North Shore Fire Appliance Inc.</u> <u>98 Main Street</u> <u>P.O. Box 263</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim <u>\$630.38</u>
Wenham MA <u>01984</u>		Basis for the claim: <u>Goods and Services</u>	
Date or dates debt was incurred <u>06/28/2016</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>-----</u>			
3.46		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim <u>\$8,409.00</u>
<u>Northern Essex LTD</u> <u>235 John Wise Ave</u>		Basis for the claim: <u>Goods and Services</u>	
Essex MA <u>01929</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred <u>11/16/2015</u>			
Last 4 digits of account number <u>-----</u>			
3.47		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim <u>\$6,695.00</u>
<u>Northside Carting, Inc.</u> <u>210 Holt Road</u>		Basis for the claim: <u>Goods and Services</u>	
North Andover MA <u>01845</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred <u>08/31/2015</u>			
Last 4 digits of account number <u>-----</u>			
3.48		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim <u>\$4,006.96</u>
<u>Ocean State Oil</u> <u>P.O. Box 1960</u>		Basis for the claim: <u>Goods and Services</u>	
North Kingston NH <u>02852</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred <u>02/12/2016</u>			
Last 4 digits of account number <u>-----</u>			

Debtor Hiltz Waste Disposal, Inc. Case number (if known) 16-13459

Part 2: Additional Page

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		Amount of claim	
3.49	Nonpriority creditor's name and mailing address <u>P.M. Environmental Inc.</u> <u>P.O. Box 392</u> <u>Manchester</u> <u>MA</u> <u>01944</u>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,250.00
3.50	Nonpriority creditor's name and mailing address <u>Pitney Bowes Global Fin Services</u> <u>P.O. Box 371887</u> <u>Pittsburgh</u> <u>PA</u> <u>15250-7887</u>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$663.00
3.51	Nonpriority creditor's name and mailing address <u>Pradera Enterprises</u> <u>15 Devinne Drive</u> <u>Concord</u> <u>MA</u> <u>03301</u>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$3,620.14
3.52	Nonpriority creditor's name and mailing address <u>Protection One Alarm</u> <u>P.O. Box 219044</u> <u>Kansas City</u> <u>MO</u> <u>64121-9044</u>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$183.65

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Part 2: Additional Page

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Amount of claim

3.53	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
<u>Purchase Power</u> <u>P.O. Box 371874</u>		<input type="checkbox"/> Contingent	\$4,589.03
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>Pittsburgh</u> <u>PA</u> <u>15250-7874</u>		<u>Goods and Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
<u>02/01/16</u>		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Last 4 digits of account number			
3.54	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,590.80
<u>R & A Industries</u> <u>47 Hall Street</u>		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>Medford</u> <u>MA</u> <u>02155</u>		<u>Goods and Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
<u>04/19/2016</u>		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Last 4 digits of account number			
3.55	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,871.98
<u>R.J Tindle, Inc.</u> <u>P.O. Box 5505</u>		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>Salisbury</u> <u>MA</u> <u>01952</u>		<u>Goods and Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
<u>06/13/2016</u>		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Last 4 digits of account number			
3.56	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$100.16
<u>Republic Services</u> <u>385 Dunstable Road</u>		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>Tyngsboro</u> <u>MA</u> <u>01879</u>		<u>Goods and Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
<u>07/31/2016</u>		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Last 4 digits of account number			

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Part 2: Additional Page

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Amount of claim

<p>3.57 Nonpriority creditor's name and mailing address</p> <p><u>Rose Marine</u> <u>P.O. Box 1346</u> <u>Gloucester MA 01930</u></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Attorney Fees</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>\$769.21</p> <p>\$3,884.00</p> <p>\$1,335.05</p> <p>\$10,638.82</p>	

3.58 Nonpriority creditor's name and mailing address

Rucci, Bedaro & Falzone
500 Unicorn Park Drive, Ste 101
Woburn MA 01801

Date or dates debt was incurred

Last 4 digits of account number

3.59 Nonpriority creditor's name and mailing address

Sanitary Equip Co Inc.
25 Industry Drive
P.O. Box 26006
West Haven CT 06516

Date or dates debt was incurred

Last 4 digits of account number

3.60 Nonpriority creditor's name and mailing address

Sassoon & Cymrot LLP
84 State Street, 8th Floor
Boston MA 02109

Date or dates debt was incurred

Last 4 digits of account number

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Part 2: Additional Page

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Amount of claim

3.61	Nonpriority creditor's name and mailing address <u>Scott Energy</u> <u>P.O. Box 1429</u> <u>Gloucester</u> <u>MA</u> <u>01930</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$373.61
Basis for the claim: <u>Goods and Services</u>			
Date or dates debt was incurred <u>07/01/2016</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>_____</u>			
3.62		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,000.00
Basis for the claim: <u>Goods and Services</u>			
Date or dates debt was incurred <u>07/26/2016</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>_____</u>			
3.63		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$245.45
Basis for the claim: <u>Goods and Services</u>			
Date or dates debt was incurred <u>07/31/2016</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>_____</u>			
3.64		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$159.39
Basis for the claim: <u>Goods and Services</u>			
Date or dates debt was incurred <u>_____</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>_____</u>			

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Part 2: Additional Page

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Amount of claim

<p>3.65 Nonpriority creditor's name and mailing address</p> <p><u>Sprint</u> <u>P.O. Box 4181</u></p> <p><u>Carol Stream</u> <u>IL</u> <u>60197-4181</u></p> <p>Date or dates debt was incurred <u>07/06/2016</u></p> <p>Last 4 digits of account number <u>_____</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>\$4,955.68</p> <p>\$12,608.62</p> <p>\$1,712.50</p> <p>\$2,400.00</p>	

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Amount of claim

<p>3.69 Nonpriority creditor's name and mailing address</p> <p><u>Town of Stoneham</u> <u>DPW</u> <u>16 Pine Street</u></p> <p><u>Stoneham</u> <u>MA</u> <u>02180</u></p> <p>Date or dates debt was incurred <u>05/31/2016</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.70 Nonpriority creditor's name and mailing address	
<p><u>Transportation Advisor</u> <u>P.O. Box 558</u></p> <p><u>Palmer</u> <u>MA</u> <u>01069</u></p> <p>Date or dates debt was incurred <u>07/15/2016</u></p> <p>Last 4 digits of account number <u> </u></p>	
3.71 Nonpriority creditor's name and mailing address	
<p><u>Troiano Waste Service</u> <u>P.O. Box 3541</u></p> <p><u>Portland</u> <u>ME</u> <u>04104</u></p> <p>Date or dates debt was incurred <u>04/01/2016</u></p> <p>Last 4 digits of account number <u> </u></p>	
3.72 Nonpriority creditor's name and mailing address	
<p><u>Turner Steel Co., Inc.</u> <u>128 N. Main Street</u> <u>P.O. Box 399</u></p> <p><u>West Bridgewater</u> <u>MA</u> <u>02379</u></p> <p>Date or dates debt was incurred <u>05/23/2016</u></p> <p>Last 4 digits of account number <u> </u></p>	

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Amount of claim

<p>3.73 Nonpriority creditor's name and mailing address</p> <p><u>Unifirst Corp.</u> <u>8 Industrial Pk. Drive</u></p> <p><u>Nashua</u> <u>NH</u> <u>03062</u></p> <p>Date or dates debt was incurred <u>04/01/2016</u></p> <p>Last 4 digits of account number <u>— — — —</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.74 Nonpriority creditor's name and mailing address</p> <p><u>Verizon</u> <u>P.O. Box 15124</u></p> <p><u>Albany</u> <u>NY</u> <u>12212-5124</u></p> <p>Date or dates debt was incurred <u>03/23/2016</u></p> <p>Last 4 digits of account number <u>— — — —</u></p>	
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>3.75 Nonpriority creditor's name and mailing address</p> <p><u>Wheelabrator Technologies</u> <u>P.O. Box 84226</u></p> <p><u>Boston</u> <u>MA</u> <u>02284</u></p> <p>Date or dates debt was incurred <u>02/18/2016</u></p> <p>Last 4 digits of account number <u>— — — —</u></p>	
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>3.76 Nonpriority creditor's name and mailing address</p> <p><u>Wood Trucking</u> <u>13 Lakeland Park Drive</u></p> <p><u>Peabody</u> <u>MA</u> <u>01960</u></p> <p>Date or dates debt was incurred <u>08/01/2016</u></p> <p>Last 4 digits of account number <u>— — — —</u></p>	
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods and Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	

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Amount of claim

<u>3.77</u>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,929.33</u>
<u>ZEP Manufacturing Company</u>		<input type="checkbox"/> Contingent	
<u>P.O. Box 3338</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Basis for the claim: <u>Goods and Services</u>			
Date or dates debt was incurred		Is the claim subject to offset?	
<u>07/19/2016</u>		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	

Debtor Hiltz Waste Disposal, Inc. Case number (if known) 16-13459

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. <u>\$58,022.83</u>
5b. Total claims from Part 2	5b. + <u>\$2,190,160.76</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. <u>\$2,248,183.59</u>

Fill in this information to identify the case:

Debtor name	<u>Hiltz Waste Disposal, Inc.</u>	
United States Bankruptcy Court for the: <u>DISTRICT OF MASSACHUSETTS</u>		
Case number (if known)	<u>16-13459</u>	Chapter <u>11</u>

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

Auto Lease

P.O. Box 100

State the term remaining

27 payment(s)

List the contract number of any government contract

Williamsville NY 14231

2.2 State what the contract or lease is for and the nature of the debtor's interest

Annual renewable lease. Terminable upon either party's request.

Kondelin Road LLC

24 Kondelin Road

State the term remaining

List the contract number of any government contract

Gloucester MA 01930

Fill in this information to identify the case:

Debtor name	<u>Hiltz Waste Disposal, Inc.</u>
United States Bankruptcy Court for the:	<u>DISTRICT OF MASSACHUSETTS</u>
Case number (if known)	<u>16-13459</u>

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor	Check all schedules that apply:
Name	Mailing address		Name	
2.1 Donald & Deborah Hiltz	<u>632 Washington Ave</u> Number Street		First Ipswich Bank	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Gloucester</u> City	<u>MA</u> <u>01930</u> State ZIP Code		
2.2 Donald & Deborah Hiltz	<u>632 Washington Ave</u> Number Street		First Ipswich Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Gloucester</u> City	<u>MA</u> <u>01930</u> State ZIP Code		
2.3 Donald & Deborah Hiltz	<u>632 Washington Ave</u> Number Street		First Ipswich Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Gloucester</u> City	<u>MA</u> <u>01930</u> State ZIP Code		
2.4 Donald & Deborah Hiltz	<u>632 Washington Ave</u> Number Street		First Ipswich Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Gloucester</u> City	<u>MA</u> <u>01930</u> State ZIP Code		
2.5 Donald & Deborah Hiltz	<u>632 Washington Ave</u> Number Street		First Ipswich Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Gloucester</u> City	<u>MA</u> <u>01930</u> State ZIP Code		

Debtor Hiltz Waste Disposal, Inc. Case number (if known) 16-13459

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	<i>Check all schedules that apply:</i>
2.6 Kondelin Road LLC	Number Street	First Ipswich Bank	<input type="checkbox"/> D
	_____		<input checked="" type="checkbox"/> E/F
	_____		<input type="checkbox"/> G
City	State ZIP Code		